| 10.000 | rm 481 - Carrier Annual Reporting ollection Form | | Avg. Burden Estimate per I | FCC Form 481 OMB 3060-0985 OMB 3060-0819 Respondent: 20 Hours |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <010> | Study Area Code | 379026 | | |
| <015> | Study Area Name | Budget FreFay, Inc. | | |
| <020> | Program Year | 2015 | and the second s | |
| <030> | Contact Name: Person USAC should contact with questions about this data | Lakisha Taylor | | *************************************** |
| <035> | Contact Telephone Number: Number of the person identified in data line <030> | 318-671-5000 | | |
| <039> | Contact Email: Email of the person identified in data line <030> | lakishat@budgetprepay.com | | |
| ANNUA | IL REPORTING FOR ALL CARRIERS | | 54.313 Completion Required | 54,422 Completion Required |
| <100> | Service Quality Improvement Reporting | (complete attached worksheet) | (check box w | hen complete) |
| <200> <210> | Outage Reporting (voice) X < check box if no outages to repo | (complete attached worksheet) | | Х |
| <300> <310> <320> <330> | Unfulfilled Service Requests (voice) Detail on Attempts (voice) Unfulfilled Service Requests (broadband) Detail on Attempts (broadband) | (attach descriptive document) (attach descriptive document) | | |
| <400> <410> <420> <440> <450> | Number of Complaints per 1,000 customers (voice) Fixed N/A Mobile N/A Number of Complaints per 1,000 customers (broadband) Fixed N/A Mobile N/A | | | X |
| <510> <600> <610> <700> <710> | Service Quality Standards & Consumer Protection Rules Compliance Functionality in Emergency Situations Company Price Offerings (voice) Company Price Offerings (broadband) Operating Companies and Affiliates | (check to Indicate certification) (attached descriptive document) (check to Indicate certification) (attached descriptive document) (complete attached worksheet) (complete attached worksheet) (complete attached worksheet) | | X X X X |
| <1000> <1010> <1100> <1110> | Tribal Land Offerings (Y/N)? Voice Services Rate Comparability Terrestrial Backhaul (Y/N)? Terms and Condition for Lifeline Customers | (if yes, complete attached worksheet) (check to indicate certification) (attach descriptive document) (if not, check to indicate certification) (complete attached worksheet) (complete attached worksheet) | | X |
| <2000> <2005> | Price Cap Carriers, Proceed to <u>Price Cap Additional Documentation Value of Return Carriers of Fillated</u> with Price Cap Local Exchains the Price Cap Additional Documentation Value Cap Local Exchains the Price Cap Local | nge Carriers (check to indicate certification) (complete attached worksheet) | | |
| <3000> <3005> | | (check to Indicate certification) (complete attached worksheet) | | 5 (F) (F) (F) (F) |

| (200) Service Outage Reporting (Voice) | | FCC Form 481 |
|----------------------------------------|--|----------------------------------------------------------------------------------------------------------------|
| | | |
| Data Collection Form | | OMB Control No. 3060-0986 |
| | | California de California d |
| | | OMB Control No. 3060-0819 |
| | | |
| | | April 2014 |
| | | |

| <010> | Study Area Code | 379026 |
|-------|-------------------------------------------------------------------------------|---------------------------|
| <015> | Study Area Name | Budget PrePay, Inc. |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Lakisha Taylor |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 318-671-5000 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | lakishat@budgetprepay.com |

<220>

| NORS Reference Number | Outage Start Date | Outage Start Time | Outage End Date | Outage End Time | Number of Customers Affected | Total Number of Customers | 911 Facilities Affected (Yes / No) | Service Outage Description (Check all that apply) | Did This Outage Affect Multiple Study Areas (Yes / No) | Service Outage Resolution | Preventative Procedures |
|-----------------------------|----------------------|----------------------|--------------------|--------------------|---------------------------------|------------------------------|------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------|----------------------------|
| O OUTAGES | TO REPORT | | | | | | | | | | |
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| H = 1 (A) (A) | erating Companies and Affiliates lection Form | | FCC Form 481 OMB Control No. 3060-0986 OMB Control No. 3060-0819 April 2014 |
|---------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <010> | Study Area Code | 379026 | |
| <015> | Study Area Name | Budget PrePay, Inc. | |
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| <030> | Contact Name - Person USAC should contact regarding this data | Lakisha Taylor | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 318-671-5000 | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | lakishat@budgetprep | pay.com |
| <810> | Reporting Carrier Budget PrePay, Inc. d/b/a Budget Mobile | | |
| <811> | Holding Company N/A | | |
| <812> | Operating Company N/A | ти, | |
| <813> | <al></al> | <a2></a2> | <a3></a3> |
| | Affiliates | SAC | Doing Business As Company or Brand Designation |
| | | The state of the s | |
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| ifeline | rms and Condition for Lifeline Customers ection Form | | | FCC Form 481 OMB Control No. 3060-0986 OMB Control No. 3060-0819 April 2014 |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------|--------------------------------------------------------------------------------------|
| <010> | Study Area Code | | 379026 | |
| <015> | Study Area Name | | Budget PrePay, Inc. | |
| <020> | Program Year | | 2015 | |
| <030> | Contact Name - Person USAC should contact regarding this data | | Lakisha Taylor | |
| <035> | Contact Telephone Number - Number of person identified in data li | ne <030> | 318-671-5000 | |
| <039> | Contact Email Address - Email Address of person identified in data I | | lakishat@budgetprepay.com | |
| | Terms & Conditions of Voice Telephony Lifeline Plans Link to Public Website | Name | of attached document (.pdf) | |
| | Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report: | or . | | |
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | X | | |
| <1222> | Details on the number of minutes provided as part of the plan, | X | | |
| <1223> | Additional charges for toil calls, and rates for each such plan. | X | | |

| | ilon - Reporting Carrier lection Form | FCC Form 481 OMB Control No. 3060-0986 OMB Cantrol No. 3060-0819 April 2014 |
|-------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <010> | Study Area Code | 379026 |
| <015> | Study Area Name | Budget PrePay, Inc. |
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| <030> | Contact Name • Person USAC should contact regarding this data | Lakisha Taylor |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 318-671-5000 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | lakishat@budgetprepay.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| l certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support reciplents; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------|--|--|--|
| Name of Reporting Carrier: Budget PrePay, Inc. | | | | | |
| Signature of Authorized Officer: | | Date: June 30, 2014 | | | |
| Printed name of Authorized Officer: David Donahue | | | | | |
| Title or position of Authorized Officer: CFO | | | | | |
| Telephone number of Authorized Officer: 3186715000 | | | | | |
| Study Area Code of Reporting Carrier: 45901! | Filing Due Date for this form: | 7/1/2014 | | | |

Budget PrePay, Inc.

<u>Line 510 – Compliance with Service Quality Standards and</u> <u>Consumer Protection</u>

Budget PrePay, Inc. ("Budget") hereby certifies that it has reviewed and complies with applicable service quality and consumer protection practices, and that it is in compliance with all applicable state requirements in connection with its provision of wireline (if applicable) and wireless voice services. Among other things, Budget:

- Complies with the service standards promulgated by the State of Nebraska.
- Discloses rates and terms of its voice services to customers.
- Provides current terms and conditions to customers and confirms changes in voice service.
- Separately identifies carrier charges from taxes on billing statements and purchase receipts.
- Provides ready access to customer service.
- Promptly responds to consumer inquiries and complaints received from federal and state government agencies.
- Abides by CPNI rules and other rules for the protection of consumer privacy.
- Makes available maps showing the local calling area on point of sale materials and website.
- Provides specific disclosures in advertising if applicable.
- Provides customers the right to terminate voice service

Line 610 – Functionality in Emergency Situations

Section 54.202(a)(2) of the Commission's Rules requires that each eligible telecommunications carrier ("ETC") must "[d]emonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations." Section 54.313(a)(6) requires ETCs to certify that they are "able to function in emergency situations as set forth in §54.202(a)(2)" in connection with their provision of voice and broadband services.

Budget PrePay, Inc. d/b/a Budget Phone and d/b/a Budget Mobile has deployed [resells the services of underlying carriers that have deployed] sufficient power generators to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.

Budget PrePay Inc. has geographically located its switching infrastructure. All facilities are equipped with both AC and DC battery backup as well as generators. All critical equipment is also supplied with 2 separate power sources (or primary and redundant power feeds). Budget PrePay maintains multiple paths to reach our network. This is setup by using multiple IP transit providers for all IP connectivity and an N+1 configuration on all TDM connectivity. Once the origination traffic reaches the Budget PrePay network all elements are setup with the same N+1 configuration. The configuration allows each element a primary and redundant path to terminate the traffic without service interruption. In the event the main element fails or that

¹ 47 C.F.R. § 54.202(a).

² 47 C.F.R. § 54.313(a)(6).

element reaches maximum capacity Budget has designed the network to advance the traffic to 1 of 3 other elements in the same N+1 configuration that is listed above.

The switching infrastructure will advance to the next termination carrier in route in the event of a failure on any termination carrier's route.

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- Provides current terms and conditions to customers and confirms changes in voice service.
- Separately identifies carrier charges from taxes on billing statements and purchase receipts.
- Provides ready access to customer service.
- Promptly responds to consumer inquiries and complaints received from federal and state government agencies.
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^{1 47} C.F.R. § 54.202(a).

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